

Please type a plus sign (+) inside this box →



02-02-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 3688-024

First Inventor Andrew J. Garner, IV

Title IMAGE ENABLED REJECT REPAIR FOR CHECK PROCESSING  
CAPTURE

Express Mail Label No. EL681324178US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 23]  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 8]  
1
5. Oath or Declaration [Total Pages 1]  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231**ACCOMPANYING APPLICATIONS PARTS**

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies
9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☒ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information.

Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Rhodes & Mason, P.L.L.C.				
	Jeffrey R. McFadden				
Address	300 N. Greene Street, Suite 1600				
	P.O. Box 2974				
City	Greensboro	State	North Carolina	Zip Code	27402
Country	U.S.A.	Telephone	(336) 273-4422	Fax	(336) 271-2830

Name (Print/Type)	Jeffrey R. McFadden	Registration No. (Attorney/Agent)	46,916
Signature		Date	02-01-01

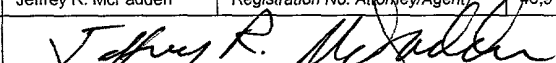
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any  
comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark  
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for  
Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>for FY 2001</b>		<b>Complete if Known</b>	
		Application Number	60/179557-Provisional App. Number
<i>Patent fees are subject to annual revision.</i>		Filing Date	February 1, 2000
		First Named Inventor	Andrew J. Garner, IV
		Examiner Name	
		Group / Art Unit	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 710	Attorney Docket No.	3688-024

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		<b>3. ADDITIONAL FEES</b>	
Deposit Account Number	18-1164	Fee Code	Fee (\$)
Deposit Account Name	Rhodes & Mason, P.L.L.C.	Large Entity Fee Code	Small Entity Fee Code
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		105	130
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		127	50
2. <input checked="" type="checkbox"/> Payment Enclosed:		139	130
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		147	2,520
<b>FEE CALCULATION</b>		112	920*
1. BASIC FILING FEE		113	1,840*
Large Entity Fee Code	Small Entity Fee Code	115	110
Fee (\$)	Fee (\$)	116	390
Fee Description	Fee Paid	117	890
101	710	118	1,390
108	320	128	1,890
107	490	119	310
108	710	120	310
114	150	121	270
SUBTOTAL (1)		138	1,510
(\$)		140	110
2. EXTRA CLAIM FEES		141	1,240
Total Claims	14	142	1,240
Independent Claims	3	143	440
Multiple Dependent		144	600
Extra Claims		122	130
Fee from below		123	50
Fee Paid		126	180
0		581	40
0		146	710
0		149	710
0		179	710
0		169	900
0		Other fee (specify) _____	
SUBTOTAL (2)		SUBTOTAL (3)	
(\$)		(\$)	
0		0	

\*\*or number previously paid, if greater, For Reissues, see above

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Jeffrey R. McFadden	Registration No. Attorney/Agent	46,916
Signature		Telephone	(336) 273-4422
		Date	February 1, 2001

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.